

WEB REQUEST FORM

Save this form on your computer.

Fill it out following the Web Posting Policy and Procedures at: <http://waternet/oima/websupport/>.

Obtain proper authorizations according to your office protocol. Submit it.

(Use tab key, arrow keys or mouse to navigate through this form.)

Requestor	Katelyn McCarthy	Phone	9166005476	Date Submitted	3/23/15
Region, Division, or Office	Division of Drinking Water	Unit	Environmental Laboratory Accreditation Program		

Priority	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input checked="" type="checkbox"/> Urgent - Today
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Reason for Urgency:	Announcement was posted listing new application as available on our webpage for labs to use in application process. Need it up ASAP
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Internet	<input checked="" type="checkbox"/> SWRCB - HQs	<input type="checkbox"/> RB 6 - Lahontan	<input type="checkbox"/> RB 7 - Colorado River Basin
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New content must be approved by the Office of Public Affairs. Please email this form and material to: info@waterboards.ca.gov. For exceptions, refer to the "Web Posting Policy and Procedures" at: http://waternet/oima/websupport/approve_submit.shtml

Intranet	Indicate Region, Division, or Office:	Division of Drinking Water, ELAP
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Intranet material does not need approval by OPA. Email this completed request form and files to WebSupport at: websupport@waterboards.ca.gov

Action Requested:	What would you like Web Staff to do for you? We will need to know the following:
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(a) Which web page is changing? Provide the URL (location)	Page 1 - http://www.waterboards.ca.gov/drinking_water/certlic/labs/index.shtml ; Page 2 - http://www.waterboards.ca.gov/drinking_water/certlic/labs/ELAPforms.shtml
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(b) What text should be typed on the web page? (attach Word file, if needed)	See attached
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(c) Where on the web page is your change? [i.e.: top, section, 3 rd bullet]	Page 1 - Top Section (Announcements), Top Bullet Page 2 - Top two bullets under ELAP
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(d) Provide more detail below. You can also send a mock-up of what you want (Word file preferred).
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We are updating two separate pages. Page 1 has the hyperlink to the announcement and page 2 has the hyperlinks to the application and application instructions. I've attached a mock up and a copy of the announcement about the changes for reference (the announcement should be posted by end of day from a different request- this is what the hyperlink should pull up). I've also attached the new application and application instructions (hyperlinks for the second page).

PLEASE NOTE:

- (a) Changing the content of a file should be done by the originating office before submitting for publishing.
- (b) Questions about preparing your material can be emailed to the Web Unit: websupport@waterboards.ca.gov
- (c) **ALL** Web requests should be sent to the WebSupport mailbox so that we can manage our workload.

Reviewed / Approved by:	Obtain approval and type in their names below	Date
(1) Program Manager	Christine Sotelo <i>Christine Sotelo</i>	3/23/15
(2) Deputy Director, EO (or Assigned Delegate)	Karen Larsen <i>Karen Larsen</i>	3/23/15
(3) New content for the internet must be approved by the Office of Public Affairs		
Send to: info@waterboards.ca.gov	<i>[Signature]</i>	3/23/15

Announcements

- ***Guidance for Applications and Fee Payments***

ELAP business and administrative operations have moved to the Water Boards' headquarters in Sacramento. Read the announcement (hyperlink) for more details.

- ***ELAP Program Evaluation-Expert Review Panel:***

ELAP in partnership with Southern California Coastal Water Research Program (SCCWRP) convened an Expert Review Panel to comprehensively examine the environmental lab accreditation process in California and develop recommendations for improving it. Visit SCCWRP web page for details of ELAP- Expert Review Panel www.sccwrp.org/elap.

- ***Hexavalent chromium:***

Detection Limit for Purposes of Reporting: California uses a 10-µg/L MCL, which became effective July 1, 2014. California uses a 1-µg/L detection limit for purposes of reporting (DLR) for monitoring chromium-6 in drinking water. However, analytical results at concentrations below the DLR may be submitted to the Division of Drinking Water when laboratories have associated quality assurance data for their results. A DLR of 1-µg/L for hexavalent chromium was established as part of the MCL regulatory process.

Holding Times and Sample Preservation: We concur with US EPA's maximum holding time of 14 days for properly preserved drinking water samples. At this time, we recommend that samples be preserved in the field with one of the buffers described in EPA Method 218.7 for both EPA methods 218.6 & 218.7. Upon sample receipt, measure the free chlorine and sample pH. The free chlorine concentration must be less than 0.1 mg/L and the pH must be >8 for the sample to be valid. In the laboratory, it is recommended that the samples are stored at ≤ 6°C.

As of July 1, 2014, ELAP certifies laboratories for EPA Method 218.7.

Please fill out FOT 103 for EPA methods 218.6 & 218.7 from the [ELAP Forms](#) page.

Page 2 URL http://www.waterboards.ca.gov/drinking_water/certlic/labs/ELAPforms.shtml

ELAP

Mar 2015- Application (PDF) ([hyperlink](#))

Mar 2015- Application Instructions (PDF) ([hyperlink](#))



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

ANNOUNCEMENT

Guidance for Applications and Fee Payments

Please refer to the Environmental Laboratory Accreditation Program website also for this announcement.**

On July 1, 2014, the Environmental Laboratory Accreditation Program (ELAP) was transferred from the Department of Public Health to the State Water Resources Control Board (Water Boards) and Christine Sotelo was appointed the Chief of ELAP. This transfer relocated ELAP business and administrative operations to the Water Boards' headquarters in Sacramento. Like all other programs at the Water Boards, the Division of Administrative Services' Fee Branch handles all billing for ELAP.

Updated Address on ELAP Application

Send all applications for processing to the address listed below. The applications have been updated to reflect the new mailing address for ELAP headquarters in Sacramento:

Environmental Laboratory Accreditation Program
P.O. Box 100
Sacramento, CA 95812-0100

Please **do not** send any applications to the Richmond Field office.

New Payment Information for Submission of ELAP Fees

All billing and processing of fees for accounting have been transferred to the Water Boards' Fee Branch. Submit all fees and invoices to the address listed below:

State Water Resources Control Board Accounting Office
ATTN: ELAP Fees
P.O. Box 1888
Sacramento, CA 95812-1888

Due to this change, please make all checks payable to: "SWRCB – ELAP Fees."

New (Optional) Process for Submission of ELAP Application

ELAP will now be accepting applications via electronic submission at elapca@waterboards.ca.gov. This will make files more accessible to the Auditors and administrative staff, and will reduce paper waste. The documents required (for both

electronic and physical submission) are:

1. Completed ELAP Application 001 (scanned and signed pdf copy)
2. Completed Fields of Testing (FoT) Worksheet(s) (scanned and signed pdf copy)
3. One pdf version of your Quality Assurance Manual
4. Signed statement from the laboratory director on successful completion of proficiency testing (PT) for each FoT. Complete PT data may be requested for review at a later date.

All ELAP forms can be found on the ELAP webpage www.waterboards.ca.gov/elap

While electronic submission is preferred, (and will expedite the application process,) physical applications will still be accepted at:

Environmental Laboratory Accreditation Program
P.O. Box 100
Sacramento, CA 95812-0100

For Questions Regarding these New Processes

Please email us at elapca@waterboards.ca.gov or call the main ELAP information line at (916) 323-3431. **Do not** call or email staff at the Richmond Field office.

E-mail Subscription Mailing List

ELAP uses an electronic subscription mailing list (aka: listserv) for sending information/announcements to interested parties. Become a member of the ELAP mailing list by following the instructions below.

1. Visit http://www.waterboards.ca.gov/resources/email_subscriptions/
2. Fill out your name and email address
3. Select State Water Resources Control Board
4. Select Drinking Water
5. Select Environmental Laboratory Accreditation Program
6. Click on the "subscribe" button located at the upper right hand corner

An email notice will be sent to you and you must respond to the message to confirm your membership.

General Programmatic Questions/Issues

Any programmatic questions/issues regarding ELAP will be addressed directly by the Chief of ELAP by calling (916) 341-5175 or via email to Christine.Sotelo@waterboards.ca.gov

Christine Sotelo, Chief
Environmental Laboratory Accreditation Program

** ELAP Website address: <http://www.waterboards.ca.gov/elap>

Environmental Laboratory Accreditation Program ~~Branch~~ (ELAPB)
~~850 Marina Bay Parkway, Building P, 1st Floor, MS-0511~~
~~Richmond, CA 94804~~
P.O. Box 100, Sacramento, CA 95812-0100

Application for Certification Environmental Laboratory Accreditation Program

This application is for laboratories seeking certification under the California Environmental Laboratory Improvement Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health And Safety Code).

PART A LABORATORY INFORMATION

1. Type of Application: New ☐ Renewal ☐ Amendment ☐
Certificate No. _____ Expiration Date: _____
2. Name of Laboratory: _____
3. Division: _____
4. Laboratory Location / Address: (Actual Location)
Street: _____
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____
5. Laboratory Mailing Address: (For mail delivery)
Street: _____
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____
6. Laboratory Shipping Address: (For sample delivery)
Street: _____
City: _____ State: _____ Zip: _____
Country: _____ Country Code: _____
7. Telephone #: _____ 8. FAX #: _____
9. E-Mail Address: _____ 10. Web Site: _____
11. County (CA only): _____ 12. Water Quality Control Board Region #: _____
13. Description of Laboratory Type: (Check one)

<input type="checkbox"/> Commercial	<input type="checkbox"/> City	<input type="checkbox"/> Academic Institute
<input type="checkbox"/> Federal	<input type="checkbox"/> Public water system	<input type="checkbox"/> Hospital or health care
<input type="checkbox"/> State	<input type="checkbox"/> Public wastewater system	<input type="checkbox"/> Industrial (an industry with discharge permit)
<input type="checkbox"/> County	<input type="checkbox"/> Recycling Facility	<input type="checkbox"/> Other (describe) _____
14. Laboratory Director: _____ Telephone #: _____
15. Contact Person: _____ Telephone #: _____
16. Mail Recipient Name: _____
17. Owner / Agents Name: _____
18. For Mobile Laboratories:
Vehicle Make: _____ Model: _____ Vehicle ID #: _____
Vehicle License No.: _____ State of Registration: _____

(for ELAPB office use only)

Application Number: _____ Amount Received: _____ Date Received: _____

PRIVACY NOTIFICATION

The information in Part B (Personnel Qualifications) of this application is requested by the State Department of Public Health in compliance with the Information Practices Act of 1977. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Sections 64485 and 67605. This information is mandatory. Failure to provide all the necessary information may result in denial of the application for certification. The purpose of the personnel information is to verify the personnel qualifications required for the laboratory director and principal analyst(s). This information will not be disclosed except in accordance with the Information Practices Act of 1977. For more information or access to your records, contact ELAPB.

PART B PERSONNEL QUALIFICATIONS LABORATORY DIRECTOR

1. Name (Last, First, Middle Initial): _____

2. Title: _____

3. Education:	College/University	Major	Degree	Year Completed
Month/Year From - To				

4. Technical Training:	Technical Trade or Service School	Subject Certificate	Year Completed
Month/Year From - To			

5. Relevant Experience: (Last 5 years)	Name and Address of Employer	Job Title
Month/Year From - To		

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

[] CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

[] California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

PART B
PERSONNEL QUALIFICATIONS
PRINCIPAL ANALYST

Please make photocopies of this form and provide the information for additional personnel.

1. Name (Last, First, Middle Initial): _____

2. Title: _____

☐ Supervisor of Section _____ Operates Device _____

3. Education:	College/University	Major	Degree	Year Completed
Month/Year From - To				

4. Technical Training:	Technical Trade or Service School	Subject Certificate	Year Completed
Month/Year From - To			

5. Relevant Experience: (Last 5 years)	Name and Address of Employer	Job Title
Month/Year From - To		

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

☐ CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

☐ California Water Environment Association (CWEA)

Grade: _____ Expiration date: _____

PART C FIELDS OF TESTING

Check the appropriate box(es) for the Fields of Testing (FoTs) for which your laboratory requests certification.

<input type="checkbox"/>	E101	Microbiology of Drinking Water
<input type="checkbox"/>	E102	Inorganic Chemistry of Drinking Water
<input type="checkbox"/>	E103	Toxic Chemical Elements of Drinking Water
<input type="checkbox"/>	E104	Volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E105	Semi-volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E106	Radiochemistry of Drinking Water
<input type="checkbox"/>	E107	Microbiology of Wastewater
<input type="checkbox"/>	E108	Inorganic Chemistry of Wastewater
<input type="checkbox"/>	E109	Toxic Chemical Elements of Wastewater
<input type="checkbox"/>	E110	Volatile Organic Chemistry of Wastewater
<input type="checkbox"/>	E111	Semi-volatile Organic Chemistry of Wastewater
<input type="checkbox"/>	E112	Radiochemistry of Wastewater
<input type="checkbox"/>	E113	Whole Effluent Toxicity of Wastewater
<input type="checkbox"/>	E114	Inorganic Chemistry & Toxic Chemical Elements of Hazardous Waste
<input type="checkbox"/>	E115	Extraction Test of Hazardous Waste
<input type="checkbox"/>	E116	Volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E117	Semi-volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E118	Radiochemistry of Hazardous Waste
<input type="checkbox"/>	E119	Toxicity Bioassay of Hazardous Waste
<input type="checkbox"/>	E120	Physical Properties of Hazardous Waste
<input type="checkbox"/>	E121	Bulk Asbestos Analysis of Hazardous Waste
<input type="checkbox"/>	E122*	Microbiology of Food
<input type="checkbox"/>	E123*	Inorganic Chemistry and Toxic Chemical Elements of Pesticide Residues in Food
<input type="checkbox"/>	E124	Organic Chemistry of Pesticide Residues in Food (measurements by MS techniques)
<input type="checkbox"/>	E125	Organic Chemistry of Pesticide Residues in Food (excluding measurements by MS techniques)
<input type="checkbox"/>	E126	Microbiology of Recreational Water
<input type="checkbox"/>	E127	Shellfish Sanitation
<input type="checkbox"/>	E128*	Air Quality Monitoring
<input type="checkbox"/>	E129	Parasites in Potable Water
<input type="checkbox"/>	E130*	Parasites in Non Potable Water

* The FoTs are under development.

PART D INVOICE FOR FEES

- ☐ Claim of Exemption from Fees: (attach written evidence for claim of exemption)
☐ California County or City Public Health Laboratory established under, Health and Safety Code Section 101150
☐ Government Reference Laboratory as defined in, Health and Safety Code Section 100860 (e) & (g)

☐ Not Exempt From Fees

The Basic Fee is \$1003.00, and the Field of Testing Fee is \$452.00.

Basic Fee + Number of Fields of Testing Requested times the Field of Testing Fee = Total Fee

$$\frac{\$1003}{\text{Base Fee}} + \frac{\text{Number of FoTs} \times \$452}{\text{Field of Testing Fee}} = \$ \text{Total Fee Amount}$$

Enclose a check for the total fee, payable to "Environmental Laboratory Accreditation Program-Branch."

NOTE: Out of state laboratories - the cost of travel to visit a laboratory located outside the State of California will be determined and billed after completion of the site visit, Section 100860(b), Health and Safety Code.

PART E QUALITY ASSURANCE MANUAL

Please submit two copies of your laboratory's manual for the in-house quality assurance program with this application by mail to P.O. Box 100, Sacramento, CA 95812-0100 or e-mail one PDF copy to elapca@waterboards.ca.gov

PART F FIELD OF TESTING WORKSHEET

Field of Testing (FoT) worksheets can be downloaded from

http://www.waterboards.ca.gov/drinking_water/certlic/labs/documents/ELAP-FOT-2014.pdf

<http://www.cdph.ca.gov/certlic/labs/Pages/ELAPforms.aspx>. Please submit a **completed hard copy if mailing** and an **electronic copy** of the worksheet for each FoT the laboratory is seeking or amending accreditation. Submit the completed electronic worksheets via email [to \(elapca@waterboards.ca.gov\)](mailto:elapca@waterboards.ca.gov) [\(elapca@cdph.ca.gov\)](mailto:elapca@cdph.ca.gov) or by mail (diskette, CD, DVD). Submit the signed hard copy to ELAPB (address listed below).

PART G OTHER PERTINENT INFORMATION (OPTIONAL)

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

PART H APPROVAL FOR SUBMISSION

(This Section must be completed and signed before the application will be accepted.)

TYPE OR PRINT: Name of Laboratory: _____

Name of Owner or Owner's Agent: _____

Signature: _____ Date: _____

Return the completed application, quality assurance manual, Field of Testing worksheets, and the appropriate fee to:

ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM BRANCH (ELAPB)
850 Marina Bay Parkway, Building P, 4th Floor, MS-0511

Richmond, CA 94804
P.O. Box 100, Sacramento, CA 95812-0100

Environmental Laboratory Accreditation Program Branch (ELAPB)

850 Marina Bay Parkway, Building P, 1st Floor, MS 0511

Richmond, CA 94804

(510) 620-3155

P.O. Box 100, Sacramento, CA 95812-0100

INSTRUCTIONS FOR COMPLETING THE APPLICATION

This application must be used for all requests for certification. Please be sure to sign your application. Any applications that are not signed will be returned.

PART A - LABORATORY INFORMATION

1. Indicate whether this application is for new certification, renewal or amendment of a current ELAP certificate. Please provide current certificate number (if you have) and expiration date.
 2. This is the name that will be used on the laboratory's certificate and all official communications. Name and division may be combined to form a one-line laboratory name.
 3. If the laboratory is part of a larger organization and you wish the "division" to be shown on your certificate, include the name of the division here.
 4. Provide the actual laboratory location with a street address, city and state. (Note: ELAPB must be notified in writing within thirty (30) days of any changes to the location of the laboratory, Section 100845(b)(2) of the Health and Safety Code.)
 5. The complete mailing address used for mailing correspondence.
 6. The address used for package deliveries.
 - 7-10. Self-explanatory
 11. For laboratories located in California only.
 12. For laboratories that have an NPDES permit or a State Waste Discharge permit issued by a California Regional Water Quality Control Board.
 13. Check the description that best fits your laboratory.
 14. The person in charge of all operations for the laboratory and the phone number for this person. (Note: ELAPB must be notified in writing within thirty (30) days of any changes in director, Section 100845(d) of the Health and Safety Code.)
 15. The person ELAPB will contact regarding certification matters and the phone number for this person. This person may be the same as the Laboratory Director.
 16. The person to whom correspondence should be addressed.
 17. The person(s), partnership, or corporation that owns the laboratory. If the laboratory is not privately owned, record the agent's name also. (Note that the certificate is actually issued to the owner even though the laboratory's name is on the certificate. ELAPB must be notified in writing within thirty (30) days of any changes in ownership, Section 100845(b)(1), Health and Safety Code.)
 18. For mobile laboratories only. Provide the vehicle information. A separate application must be submitted for each mobile laboratory. A mobile laboratory cannot be claimed as an auxiliary laboratory facility.
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PART B - PERSONNEL QUALIFICATIONS

Complete **Part B** for the director and principal analyst(s). Please make additional copies of these pages if necessary.

Laboratory Director: The person who is in charge of all analytical and laboratory processes; supervision of laboratory persons, including those designated as Principal Analysts; and is the final person responsible for the quality of data.

Principal Analyst: Person(s) who either supervises the activities of others in the analysis of environmental samples or operates sophisticated laboratory instruments. For these purposes, sophisticated laboratory instruments are: gas chromatograph / mass spectrometers (GC/MS), inductively coupled plasma spectrometers (ICP), direct current plasma spectrometers (DCP), liquid chromatograph / mass spectrometers (LC/MS), atomic absorption spectrometers (AA), gas chromatograph (GC), alpha particle or gamma ray spectrometers, electron microscopes (EM), Polarized light microscope (PLM), or high pressure liquid chromatograph (HPLC).

1. The person's complete name.
2. The person's title. For Principal Analyst identify the section supervised and/or instruments(s) operated.
3. The period of attendance, accredited college or university, major subject degrees, and year the degree was

- completed.
4. List training courses such as manufacturer training courses or technical schools, the time period, subject, certificate and year completed.
 5. List relevant experience in environmental analysis within the last five years. Include the time period, employer and address, job title and a brief description of work (e.g. Analyzed wastewater by AA).
 6. You may elaborate on environmental or non-environmental laboratory experience.
 7. List AWWA and/or CWEA laboratory analyst certificate, grade, and expiration date. Certificates may be used in place of required experience for laboratory personnel associated with a publicly owned drinking water or wastewater treatment plant.

PART C - FIELDS OF TESTING

Select the Fields of Testing (FOT) for which the laboratory wishes to be certified. The laboratory should only select those Fields of Testing for which the competency can be demonstrated at the time of the on-site inspection. Do not check any Fields of Testing for which the laboratory will not be ready at the time of the on-site inspection. The certificate may be amended later to add additional Fields of Testing. Application for Amendment is required. The appropriate fee for the added FOT is due with the application.

PART D - INVOICE FOR FEES

Claim of Exemption from Fees: California County or City Public Health Laboratories created under Health and Safety Code, Section 10115, or government owned reference laboratories may qualify for the exemption. You must submit written evidence on a separate sheet of paper for the claim of exemption under Sections 100860(a) or (g), Health and Safety Code.

Laboratories must submit all fees with the application, Health and Safety Code, Section 100860(a). The fees consist of a basic fee plus a Field of Testing fee for each Field of Testing requested. Enter the number of Fields of Testing for which you have applied, and multiply that number by the dollar amount given to get the Fields of Testing fee. Total the fees and enclose a check for the entire amount payable to "SWRCB – ELAP Fees", State Water Resources Control Board Accounting Office, ATTN: ELAP Fees, P.O. Box 1888, Sacramento, CA 95812-1888.
"Environmental Laboratory Accreditation Program Branch."

PART E - QUALITY ASSURANCE MANUAL

A quality assurance manual must be submitted with the application. The laboratory should, periodically-at least annually, review its quality assurance program, its implementation and update as necessary.

The quality assurance manual shall include the following elements:

- Laboratory organization and personnel responsibilities
- Quality assurance objectives for measurement of data
- Sampling procedures (when the laboratory performs the sampling)
- Custody, holding, and disposal of samples
- Calibration, procedures and frequency
- Analytical procedures
- Acquisition, reduction, validation and reporting of data
- Internal quality control checks
- Performance and system audits
- Preventive maintenance
- Assessment of precision and accuracy
- Corrective action
- Quality assurance reports

Note: Please include an index to assist our auditors in their review of the quality assurance manual.

PART F – FIELD OF TESTING WORKSHEET

Submit the completed electronic and hard copy of the Field of Testing worksheet for each FOT the laboratory is seeking or amending accreditation. Follow the instruction provided with the worksheets.

PART G - OTHER PERTINENT INFORMATION

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

PART H - APPROVAL FOR SUBMISSION

The application must be reviewed and approved for submission. The owner and laboratory name are required. It is not a legal application without the signature of the owner or owner's agent and the date. **Your application will be returned if this information is incomplete.**

TRADE SECRETS NOTIFICATION

Unless specifically designated as such, information in this application or submitted with it is not considered a trade secret and may be released without review by the Department in accordance with the Public Records Act. Personnel information in part B will not be disclosed except in compliance with the Information Practices Act of 1977.
